

Agency Name: _____

Site Number: _____

Vendor Number: _____

Agreement Number: _____

Contact Person: _____

Telephone Number: _____

SUMMER FOOD SERVICE PROGRAM SITE INFORMATION SHEET

Site Name

Address/City/State/Zip:

1. Period of operation:

Start date

End date

2. Did this site ever participate in the SFSP?

☐ Yes ☐ No

3. Pre-approval visit made (new site or previous site with problems)?

☐ Yes ☐ No

If no, date of planned visit:

4. Days per week to operate:

S M TU W TH F S
☐ ☐ ☐ ☐ ☐ ☐ ☐

List dates site will be closed:

5.

*Meal	ADP	Start/End Time
B L D S		/
B L D S		/
B L D S		/
B L D S		/

6. Number of operating days:

____ October ____ April
____ November ____ May
____ December ____ June
____ January ____ July
____ February ____ August
____ March ____ September

7. a. Method of meal service and site type:

☐ Urban ☐ Rural
☐ Self-prep ☐ Vended

b. If vended, name of vendor:

8. Are you using the SFSP Meal Pattern?

☐ Yes ☐ No

If no, which school menu planning option are you using?

9. Is this site:

A licensed child care center?

☐ Yes ☐ No

(If yes, SFSP meals must be served away from the center's designated area)

Is the site open only to enrolled summer school students who

receive academic credit?

☐ Yes ☐ No

10. Site participates in:

☐ School Lunch/Breakfast Program
☐ Child Care Food Program
☐ N/A

11. Provide the name of the school district and school from which the site draws its attendance:

District: _____

School: _____

* B = Breakfast
S = Snack
L = Lunch
D = Dinner

CDE School Data
% and date % and date

State Agency Approval

Initial: _____ Date: _____

Site Eligibility Code: (____)

SELECT ONE ROW. CHECK ONE BOX IN EACH COLUMN.

- | | | Site Type | Eligibility |
|-----|--|---|---|
| 12. | <input type="checkbox"/> Open | <input type="checkbox"/> Recreation | <input type="checkbox"/> School Data 50% receiving Free/Reduce priced meals |
| | <input type="checkbox"/> Restricted-open (Explain) | <input type="checkbox"/> School | <input type="checkbox"/> Census Track/Housing Authority |
| | <input type="checkbox"/> Special restricted open (Not only for summer school students) | <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Bureau of Indian Affairs |
| | | <input type="checkbox"/> Migrant | <input type="checkbox"/> Migrant Organization Letter |
| | | <input type="checkbox"/> Homeless | |
| | | <input type="checkbox"/> Other _____ | |

- | | | | | | | | |
|-----|--------------------------|-----------------|--------------------------|--------------------|--------------------------|--------------------------|-------------|
| | | | Site Type | | | | Eligibility |
| 13. | <input type="checkbox"/> | Closed-Enrolled | <input type="checkbox"/> | Recreation | <input type="checkbox"/> | Eligibility Applications | |
| | | or | <input type="checkbox"/> | Educational | <input type="checkbox"/> | Migrant Letter | |
| | <input type="checkbox"/> | Camp | <input type="checkbox"/> | Migrant | <input type="checkbox"/> | Roster | |
| | | | <input type="checkbox"/> | Indian Reservation | | (Homeless Sites Only) | |
| | | | <input type="checkbox"/> | Homeless | | | |
| | | | <input type="checkbox"/> | Other _____ | | | |

- | | Site Type | Eligibility |
|---|--|--|
| 14. <input type="checkbox"/> National Youth Sports Program (NYSP) | <input type="checkbox"/> Closed-Enrolled | <input type="checkbox"/> Letter certifying that all children who will receive program meals are enrolled participants in the NYSP
<input type="checkbox"/> School Data
<input type="checkbox"/> Eligibility Applications |

15. If this is an "open" or "special restricted open" site, indicate the nearest cross streets of the geographic area to be served. _____

16. Indicate your system for serving meals to attending children.
- ☐ Cafeteria Style ☐ Children are seated ☐ Children line up ☐ Other _____
- and served a meal and pick up a meal

17. Indicate your plan for serving meals during inclement weather.

☐ Served in-doors ☐ Canceled ☐ Other _____

18. Indicate whether meals will be delivered to this site.
☐ Delivered ☐ Not delivered

If meals are to be delivered to this site, complete sections 19, 20, and 21.

19. Indicate how the site supervisor will communicate to adjust the number of meals delivered in accordance with the daily attendance.
- ☐ Contact sponsor to order meals from the kitchen/vendor ☐ Communicate directly with kitchen/vendor

20. Indicate your plan for the receipt and storage of meals before meal service.

<input type="checkbox"/> Store in coolers/refrigerators	<input type="checkbox"/> Serve within one hour after delivery according to the
<input type="checkbox"/> Maintain appropriate meal temperatures	health department's requirements

21. Indicate your plan for the storage or disposal of leftover meals or components.
- | | |
|--|--|
| <input type="checkbox"/> Return to the vendor for disposal | <input type="checkbox"/> Throw away at the site |
| <input type="checkbox"/> Store in the refrigerator and served food | <input type="checkbox"/> Donate to a needy organization (homeless shelter, the next day) |
| | <input type="checkbox"/> Other |